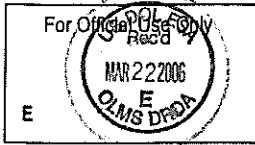


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>25066</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>
3. Name and address of person filing. Name <u>Robert K SANTAMOR-</u> P.O. Box, Bldg., Room No., if any Street <u>199A STAFFORD BRIDGE RD</u> City <u>STILLWATER</u> State <u>NEW YORK</u> ZIP Code + 4 <u>12170</u>	4. Name, file number, and address of labor organization. Name <u>IUE-CWA INDUSTRIAL DIVISION</u> Labor Organization File Number <u>000-188</u> P.O. Box, Building and Room Number, if any Street <u>501 THIRD STREET N.W.</u> City <u>WASHINGTON</u> State <u>DISTRICT OF COLUMBIA</u> ZIP Code + 4 <u>20001-2797</u>
5. Position in labor organization. <u>CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>GENERAL ELECTRIC CO.</u> Trade Name, if any: <u>G.E.</u> P.O. Box, Bldg., Room No., if any Street <u>3135 EASTON TURNPIKE</u> City <u>FAIRFIELD</u> State <u>CONN.</u> ZIP Code + 4 <u>06431</u>	7.a. Nature of Interest, Transaction, or Income. <u>2/23/2005</u> <u>collective bargaining step III</u> <u>GRIEVANCE MEETING & DINNER</u> 7.b. Amount. <u>\$61.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert K. Santamor

On 03/09/06 518-885-7700
Date Telephone Number

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

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For Official Use Only

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1. File Number U -	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Robert K SANTAMOR- P.O. Box, Bldg., Room No., if any Street 199A STAFFORD BRIDGE RD City STILLWATER State NEW YORK ZIP Code + 4 12170	4. Name, file number, and address of labor organization. Name IUE-CWA INDUSTRIAL DIVISION Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 501 THIRD STREET N.W. City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code + 4 20001-2797
5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 06/20/2005 COLLECTIVE BARGAINING STEP III GRIEVANCE MEETING AND DINNER 7.b. Amount. \$115.72

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert K. Santamoor

On 03/09/06 518-885-7700
Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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3. Name and address of person filing. Name Robert K SANTAMOR- P.O. Box, Bldg., Room No., if any Street 199A STAFFORD BRIDGE RD City STILLWATER State NEW YORK ZIP Code + 4 12170	4. Name, file number, and address of labor organization. Name IUE-CWA INDUSTRIAL DIVISION Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 501 THIRD STREET N.W. City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code + 4 20001-2797
5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 06/21/2005 COLLECTIVE BARGAINING, STEP II GRIEVANCE MEETING & DINNER 7.b. Amount. \$51.01

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert K. Santamor

On 03/09/06 518-885-7700
Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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3. Name and address of person filing. Name Robert K SANTAMOR- P.O. Box, Bldg., Room No., if any Street 199A STAFFORD BRIDGE RD City STILLWATER State NEW YORK ZIP Code + 4 12170	4. Name, file number, and address of labor organization. Name IUE-CWA INDUSTRIAL DIVISION Labor Organization File Number 000-188 P.O. Box, Building and Room Number, if any Street 501 THIRD STREET N.W. City WASHINGTON State DISTRICT OF COLUMBIA ZIP Code + 4 20001-2797
5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

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6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 02/10/2005 BUSINESS MEETING REFRESHMENTS 7.b. Amount. \$29.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert K. Santamor

On 03/09/06 518-885-7700
Date Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

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6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 03/03/2005 BUSINESS DINNER 7.b. Amount. \$60.00

Signature

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Signed Robert K. Santamor

On 03/09/06 518-885-7700
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FORM LM-30

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5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

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6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 06/27/2005 CINCINNATI SERVICE SHOP BUSINESS STATUS DINNER MEETING 7.b. Amount. \$30.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Robert K. Santamor

On 03/09/06 518-885-7700
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5. Position in labor organization. CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD	

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6. Name and address of Employer (including trade name, if any). Name GENERAL ELECTRIC CO. Trade Name, if any: G.E. P.O. Box, Bldg., Room No., if any Street 3135 EASTON TURNPIKE City FAIRFIELD State CONN. ZIP Code + 4 06431	7.a. Nature of Interest, Transaction, or Income. 06/21/2005 COLLECTIVE BARGAINING STEP III CASES GRIEVANCE MEETING AND DINNER 7.b. Amount. \$60.00

Signature

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Signed Robert K. Santamoro

On 03/09/06 518-885-7700
Date Telephone Number

FORM LM-30

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1. File Number U -	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name <i>ROBERT K SANTAMOR.</i> P.O. Box, Bldg., Room No., if any Street <i>199A STAFFORD BRIDGE RD</i> City <i>STILLWATER</i> State <i>NEW YORK</i> ZIP Code + 4 <i>12170</i>	4. Name, file number, and address of labor organization. Name <i>IUE-CWA INDUSTRIAL DIVISION</i> Labor Organization File Number <i>000-188</i> P.O. Box, Building and Room Number, if any Street <i>501 THIRD STREET N.W.</i> City <i>WASHINGTON</i> State <i>DISTRICT OF COLUMBIA</i> ZIP Code + 4 <i>20001-2797</i>
5. Position in labor organization. <i>CHAIRMAN OF IUE/CWA/GE CONFERENCE BOARD</i>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed *Robert K. Santamor*

On *03/09/06* *518-885-7700*
Date Telephone Number